

**MULTIPLE DEPENDENT LAM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/775173

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1	1			
3		1		1		
4		1		1		
5		1		1		
6		5		5		
7	1	1	1			
8		1		1		
9		8		2		
10		2		1		
11		2		1		
12		2		1		
13		2		2		
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TOTAL IND.	2		2			
TOTAL DEP.		2		2		
TOTAL CLAIMS	22		23			

	IND	DEP	IND	DEP	IND	DEP
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Best Available Copy